



1FW 3692\$

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/777,845
		Filing Date	February 7, 2001
		First Named Inventor	Mark STEFIK et al.
		Group Art Unit	3692
		Examiner Name	Poinvil, Frantzy
Total Number of Pages in This Submission		Attorney Docket Number	111325-020500

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO Form 1449 2. One Box including 112 cited references
Remarks	<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Marc S. Kaufman Registration No. 35,212 Nixon Peabody LLP 401 9th Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	/Marc S. Kaufman, Reg. # 35,212/
Date	March 4, 2008

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-8300) on the date shown below.			
Name (Print/Type)			
Signature		Date	



U.S. Patent Application No. 09/777,845
Attorney Docket No. 111325-020500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) Confirmation No.: 3040
Mark STEFIK et al.) Group Art Unit: 3692
Application No.: 09/777,845) Examiner: Poinvil, Frantzy
Filed: February 7, 2001)
For: SYSTEM FOR CONTROLLING THE) Date: March 4, 2008
DISTRIBUTION AND USE OF)
DIGITAL WORKS USING DIGITAL)
TICKETS)

INFORMATION DISCLOSURE STATEMENT

United States Patent and Trademark Office
Customer Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Dear Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98(a)(2)(ii), copies of the cited U.S. patents (*i.e.*, Reference Cite Nos. 1–101) are not enclosed. Copies of the cited Foreign patents (*i.e.*, Reference Cite Nos. 102–173) are enclosed. Copies of the cited non-patent references (*i.e.*, Reference Cite Nos. 174–213) are enclosed. The references have been cited in recent oppositions in the European Patent Office relating to cases owned by assignee.

The Commissioner is hereby authorized to charge the **Deposit Account No. 19-2380** in the amount of **\$180.00** representing filing fees.

It is requested that the accompanying PTO/SB/08A be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO/SB/08A. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required, or credit any overpayment to Deposit Account No. 19-2380.

03/05/2008 AWONDAF2 00000057 192380 09777845
01 FC:1806 180.00 DA

Respectfully submitted,
NIXON PEABODY LLP

Date: March 4, 2008

By: /Marc S. Kaufman, Reg. # 35,212/
Marc S. Kaufman
Registration No. 35,212

NIXON PEABODY LLP
CUSTOMER NO.: 22204
401 9th Street, N.W., Suite 900
Washington, DC 20004
Tel: 202-585-8000
Fax: 202-585-8080